

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | MM | 50 | 10-21-66 |
| FORMALITY REVIEW | SM | 87A | 11-16-66 |
| RESPONSE FORMALITY REVIEW | TZ | 3C94r | 0610201 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet her

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